

Teen Obesity Internet Information Resources



Presented by John M. Carney, MLS
Charles R. Drew University of Medicine & Science

Why Evaluate Internet sites?

- ANYONE can "publish" information on the Internet.
- Unlike traditional print resources, web resources rarely have editors or academic reviewers.
- No standards exist to ensure accuracy on the World Wide Web.

Evaluation Criteria

- Accuracy
- Authority
- Objectivity and Bias
- Currency (Timeliness)
- Scope
- Audience

Domain Names and Evaluation

- Government and military sites (.gov, .mil)
 - Probably the most reliable in terms of authority and accuracy. Nagging chance of bias (often, omitted information)
- Educational sites (.edu)
 - Generally reliable (research institute and faculty papers) but beware student personal web pages....
- Non-profit org sites (.org, some .net)
 - Can provide reliable statistics and data. Watch out for possible bias if the site is an advocacy site.

Domain Names and Evaluation

- Commercial web sites (.com, .net)
 - Generally provide good information on their own products/services, but do question other data
- Personal web sites
 - Represents the opinion of their creator only, although occasionally, scholarly or well-documented information can be found on them
 - Generally at ISP's like aol.com, earthlink.net, geocities, etc.
 - Most likely of all web sites to use a tilde (~) in their URL

Watch out for ... !

- Satire/joke sites (www.onion.com)
- Disinformation sites (gatt.org, etc.)
- Fake sites (identity theft possible!)
- Misspelled URL's leading you to the wrong site
- Sites defaced by hackers (including redirects)
- Questionable scientific, medical or legal information—if you're over your head, get help!



***Now on to the Internet resources
dealing with teen obesity***

Medline Plus

- Consumer Health database developed by the National Library of Medicine.
- Provides links to health care topics from a number of reputable sources, many in Spanish as well as English.
- URL : <http://medlineplus.gov/>



Adolescent obesity

Search MedlinePlus

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[Home](#) [Health Topics](#) [Drugs & Supplements](#) [Encyclopedia](#) [Dictionary](#) [News](#) [Directories](#) [Other Resources](#)

[español](#)

Search results for "adolescent obesity" in MedlinePlus

[Search Help](#)

Search results found in:

[Health Topics](#)

[Obesity in Children](#) (24)

[Obesity](#) (29)

[Diabetes](#) (35)

[Diabetes Type 1](#) (30)

[Weight Control](#) (15)

[Show all Health Topics](#)

[Drugs & Supplements](#) (234)

[Medical Encyclopedia](#) (60)

[News](#) (36)

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Health Topics

Obesity in Children

[Obesity in Children](#) (National Library of Medicine)

[Childhood Obesity: Prevalence and Identification](#) (American Obesity Association)

[Childhood Obesity: Health Risks, Diagnosis and Treatment](#) (American Obesity Association)

[Childhood Obesity: Prevention](#) (American Obesity Association)

▼ [See all 24 results from Obesity in Children](#)

Obesity

[Obesity](#) (National Library of Medicine)

[MedlinePlus: Obesity in Children](#) (National Library of Medicine)












[ClinicalTrials.gov: Obesity](#) (National Institutes of Health)

[Overweight and Obesity: Frequently Asked Questions](#) (National Center for Chronic Disease Prevention and Health Promotion)

▼ [See all 29 results from Obesity](#)

Diabetes

[Diabetes](#) (National Library of Medicine)

Google  Go      Bookmarks  1 blocked  Check  Look for Map  AutoFill  Send to  Settings

[Diabetes](#) (National Library of Medicine)

Child & Adolescent Health (American Diabetes Association)

Overweight, Obesity & Weight Loss (American Diabetes Association)

[Diabetes and Women's Health Across the Life Stages: A Public Health Perspective](#) (National Center for Chronic Disease Prevention and Health Promotion)

▼ See all 35 results from Diabetes

[Diabetes Type 1](#) (National Library of Medicine)

Child & Adolescent Health (American Diabetes Association)

Overview of Diabetes in Children and Adolescents (National Institute of Diabetes and Digestive and Kidney Diseases)

[ClinicalTrials.gov: Diabetes Mellitus, Type 1](https://clinicaltrials.gov/ct2/show/study/NCT01105029) (National Institutes of Health)

▼ See all 30 results from Diabetes Type 1

[Weight Control](#) (National Library of Medicine)

[FASTATS: Overweight](#) (National Center for Health Statistics)

ClinicalTrials.gov: Diet, Reducing (National Institutes of Health)

Healthy Weight (Harvard School of Public Health)

Drugs & Supplements

[Stavudine](#)

[Abacavir](#)

[Psyllium \(supplement\)](#)

▼ [See all 234 results from Drugs & Supplements](#)

Medical Encyclopedia

[Childhood obesity \(image\)](#)

[Obesity](#)

[Acanthosis nigricans - close-up \(image\)](#)

▼ [See all 60 results from Medical Encyclopedia](#)

News

[MedlinePlus: Progress Slow in Fight Against Childhood Obesity](#)

[MedlinePlus: Low Birth Weight Has Effects Into Adolescence](#)

[MedlinePlus: Fatty Liver Disease Endangers 6.5 Million U.S. Kids](#)

▼ [See all 36 results from News](#)

Other

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National Library of Medicine, 8600 Rockville Pike, Bethesda, MD 20894

Discussions ▼ |          Discussions not available on <http://search.nlm.nih.gov/>

Centers for Disease Control & Prevention

- Mega health information site put out by this agency of DHHS.
- Massive amount of information on health and safety topics, online publications and products, data and statistics dealing with disease and disease prevention.

URL : <http://www.cdc.gov/>



Search:



BMI—Body Mass Index: Child and Teen Calculator: English

This calculator provides BMI and the corresponding BMI-for-age percentile on a CDC BMI-for-age growth chart. Use this calculator for children and teens, aged 2 through 19 years old. For adults, 20 years old and older, use the [Adult BMI Calculator](#).

[Measuring Height and Weight Accurately At Home](#)

BMI Percentile Calculator for Child and Teen

English | [Metric](#)

1. Birth Date:

November ▼ 10 ▼ 1991 ▼

2. Date of Measurement:

December ▼ 4 ▼ 2006 ▼

3. Sex:

☒ boy ☐ girl

4. Height, to nearest 1/8 inch:

6 ▼ feet, 0 ▼ inches, 0 ▼ fractions of an inch

(12 inches = 1 foot; Example: 4 feet, 5 1/2 inches)

5. Weight, to nearest 1/4 (.25) pound:

175 ▼ pounds, 0 ▼ fractions of a pound

(8 ounces = 1/2 pounds; Example: 75 3/4 pounds)

Calculate

BMI - Body Mass Index

> [Home](#)

> [Adult BMI Calculator](#)

> [Adult - About BMI](#)

> **[Child and Teen BMI Calculator](#)**

> [Child and Teen - About BMI](#)

> [Nutrition and Weight Resources](#)

> [Overweight and Obesity](#)

[Tips to Promote Healthy Eating and Physical Activity for Children and Teens](#)



Other Healthy Lifestyle Topics

> [Nutrition](#)

> [Physical Activity](#)

> [Overweight and Obesity](#)

> [Division of Nutrition and Physical Activity](#)

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Search:

GO

BMI—Body Mass Index: Child and Teen Calculator: Results

Calculate again: [English](#) | [Metric](#)

[Printable Version](#)

Information Entered

Age: 15 years 0 months

Sex: Boy

Birth Date: November 10, 1991

Height: 6 feet 0 inch(es)

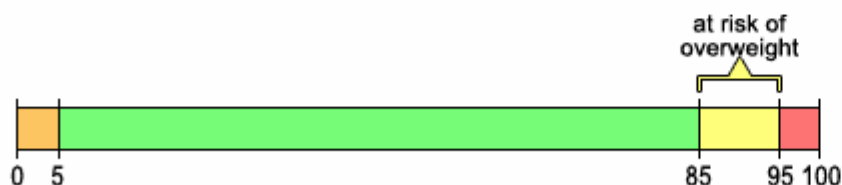
Date of Measurement: December 04, 2006

Weight: 175 pounds

Results

Based on the height and weight entered, the BMI is 23.7, placing the BMI-for-age at the 86th percentile for boys aged 15 years 0 months. This teen is **at risk of becoming overweight**.

- [What does this mean?](#)
- [What should you do?](#)



- underweight, less than the 5th percentile
- healthy weight, 5th percentile up to the 85th percentile
- at risk of overweight, 85th to less than the 95th percentile
- overweight, equal to or greater than the 95th percentile

BMI - Body Mass Index

- > [Home](#)
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- > [Child and Teen - About BMI](#)
- > [Nutrition and Weight Resources](#)
- > [Overweight and Obesity](#)

Tips to Promote Healthy Eating and Physical Activity for Children and Teens



Other Healthy Lifestyle Topics

- > [Nutrition](#)
- > [Physical Activity](#)
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You can also view these results on a [BMI-for-age Percentile Growth Chart](#).

What does this mean?

BMI is calculated using your child's weight and height and is then used to find the corresponding BMI-for-age percentile for your child's age and sex.

BMI-for-age percentile shows how your child's weight compares to that of other children of the same age and sex. For example, a BMI-for-age percentile of 65% means that the child's weight is greater than that of 65% of other children of the same age and sex.

Based on the height and weight entered, the BMI is 23.7, placing the BMI-for-age at the 86th percentile for boys aged 15 years 0 months. This teen is **at risk of becoming overweight**.

Although not overweight right now, this child has the potential for becoming overweight so prevention of excess weight gain is important. Children and teens should NOT be placed on a weight reduction diet without the consultation of a healthcare provider.

What should you do?

Regardless of the current BMI-for-age category, help your child or teen develop healthy weight habits and keep track of BMI-for-age.

Practice healthy weight habits

Encourage children and teens to practice healthy weight habits by:

- Eating healthy foods
- Participating in physical activity on most (preferably all) days of the week
- Limiting television viewing

For more information, see

[Tips to Promote Healthy Eating and Physical Activity for Children and Teens](#).

Keep track of BMI-for-age

Check BMI-for-age annually, or more often if recommended by the child's healthcare provider. Tracking growth patterns over time can help you make sure your child is achieving or maintaining a healthy weight. A single BMI-for-age calculation is not enough to evaluate long-term weight status because height and weight change with growth.

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BMI — Body Mass Index: About BMI for Children and Teens: Tips to Promote Healthy Eating and Physical Activity

Children and teens need to eat nutritious foods and participate in regular physical activity to achieve and maintain a healthy weight. Nutritious food and regular physical activity also help ensure healthy growth and development in children and teens.

To help your child maintain a healthy weight, balance the calories your child consumes from foods and beverages with the calories your child burns through physical activity and normal growth.

The goal for overweight children and adolescents is to reduce the rate of weight gain while allowing normal growth and development. Children and teens should NOT be placed on a weight reduction diet without the consultation of a health care provider.

See the [Dietary Guidelines for Americans 2005](#)¹ for advice about healthy eating choices and physical activity for your children and your family.

Support Healthy Eating Habits

Encourage your child to eat a variety of nutrient-dense foods and beverages every day. To help your child eat healthy:

- Serve a variety of fruits, vegetables, whole grain products, and fat-free (or low-fat) milk and milk products.
- Include lean meats, poultry, fish, beans, eggs, and nuts.
- Offer foods that are low in fat and added sugar.
- Pay attention to portion sizes and make sure they are appropriate for your child's age.
- Offer low-fat or fat-free milk, water or other drinks without added sugar.



[Child and Teen BMI Calculator](#)

BMI - Body Mass Index

- > [Home](#)
- > [Adult BMI Calculator](#)
- > [Adult - About BMI](#)
- > [Child and Teen BMI Calculator](#)
- > [Child and Teen - About BMI](#)
- > [Nutrition and Weight Resources](#)
- > [Overweight and Obesity](#)

Other Healthy Lifestyle Topics

- > [Nutrition](#)
 - > [Physical Activity](#)
 - > [Overweight and Obesity](#)
-
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[Pyramid Plan](#) - get an individualized healthy eating plan based on age, gender and physical activity level.



[Can! A Parent Handbook](#) - for more tips to help your child eat well.



For more information about nutrition, visit [Finding Your Way to a Healthier You: Based on the Dietary Guidelines for Americans](#).  (PDF-255K)

Encourage Physical Activity

- Help your child find ways to participate in physical activity at least 60 minutes each day on most (preferably all) days of the week.¹
- Limit total electronic media time, including television viewing, to no more than 1 to 2 hours a day.²

For more information on physical activity for young people, visit [physical activity recommendations for young people](#).

For more information on what you can do as a parent to limit TV viewing, visit [What Parents Can Do About TV](#),* from the American Academy of Pediatrics.

References

1. [Dietary Guidelines for Americans 2005](#)
2. [American Academy of Pediatrics: Children, Adolescents, and Television, Committee on Public Education, Policy Statement*](#)

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Department of Health and Human Services
 Centers for Disease Control and Prevention

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Adolescent Health

During the transition from childhood to adulthood, adolescents establish patterns of behavior and make lifestyle choices that affect both their current and future health. Adolescents and young adults are adversely affected by serious health and safety issues such as motor vehicle crashes, violence, substance use, and sexual behavior. They also struggle to adapt behaviors that could increase their risk of developing chronic diseases in adulthood—behaviors such as eating nutritiously, engaging in physical activity, and choosing not to use tobacco. Environmental factors such as family, peer group, school, and community characteristics also contribute to the challenges that adolescents face.

To have the most positive impact on adolescent health, government agencies, community organizations, schools, and other community members must work together in a comprehensive approach. Providing safe and nurturing environments for our nation's youth can ensure that adolescents will be healthy and productive members of society.

View by Topic

- [Adolescent Alcohol and Drug Use](#)
- [Adolescent Injuries](#)
- [Adolescent Sexual Behaviors](#)
- [Adolescent Tobacco Use](#)
- [Adolescents and Skin Cancer](#)
- [Asthma among Adolescents](#)
- [Food Safety and Adolescents](#)
- [Nutrition and Adolescents](#)
- [Physical Activity and Adolescents](#)
- [Terrorism and Adolescents](#)
- [Youth Violence](#)

Featured Items:



[Youth Risk Behavior](#)

Despite overall decrease in health risk behaviors, racial and ethnic differences continue to be evident...[more](#)



[School Health Profiles](#)

This report provides information on current school health policies and activities...[more](#)



[School Health Index \(SHI\)](#)

The third edition of this popular self-assessment and planning tool is now online and interactive!...[more](#)



[Key Strategies to Prevent Obesity](#)

Schools can promote healthy eating and physical activity behaviors that are the keys to preventing obesity...[more](#)



[Improving the Health of Adolescents & Young Adults](#)

- [E-mail this page](#)
- [Printer-friendly version](#)

Quick Links

- > [National Initiative to Improve Adolescent Health by the Year 2010](#)
- > [Funding Opportunities \(HY-Fund\)](#)
- > [CDC's Division of Adolescent and School Health \(DASH\)](#)
- > [State-by-State Data](#)
- > [Publications and Links](#)

Key Resources

- [YRBSS—Youth Risk Behavior Surveillance System](#)
- [SHPPS—School Health Policies and Programs Study](#)
- [WISQARS—Web-based Injury Statistics Query and Reporting System](#)
- [Profiles—School Health Profiles](#)
- [GSHS—Global School-based Student Health Survey](#)
- [SHI—School Health Index](#)
- Programs & Campaigns**
- [National Initiative to Improve](#)

Healthy Youth!

Health Topics

Childhood Overweight

The prevalence of overweight among children aged 6 to 11 more than doubled in the past 20 years, going from 7% in 1980 to 18.8% in 2004. The rate among adolescents aged 12 to 19 more than tripled, increasing from 5% to 17.1%.¹ Overweight is the result of caloric imbalance (too few calories expended for the amount of calories consumed) and is mediated by genetics and health. An estimated 61% of overweight young people have at least one additional risk factor for heart disease, such as high cholesterol or high blood pressure.² In addition, children who are overweight are at greater risk for bone and joint problems, sleep apnea, and social and psychological problems such as stigmatization and poor self-esteem.³ Overweight young people are more likely than children of normal weight to become overweight or obese adults, and therefore more at risk for associated adult health problems, including heart disease, type 2 diabetes, stroke, several types of cancer, and osteoarthritis.³ Healthy lifestyle habits, including healthy eating and physical activity, can lower the risk of becoming overweight and developing related diseases.¹

General information about overweight among young people and specific facts about determining the body mass index of children and adolescents:

- ☒ [Measurement of overweight among children and teens](#)

General information on healthy eating and physical activity in childhood and adolescence:

- ☒ [Nutrition and the Health of Young People](#)
- ☒ [Physical Activity and the Health of Young People](#)

Data & Statistics

Childhood Overweight

ON THIS PAGE

[Data & Statistics](#)

[Science-based Strategies](#)

[Policy Guidance](#)

[National, State, and Local Programs](#)

[References](#)

SEE ALSO

[Nutrition Publications and Links](#)

[Physical Activity Publications and Links](#)

TV PROGRAM



[Connect With Kids: The Biggest Generation](#)

Data & Statistics

Childhood Overweight

[Childhood Overweight Fact Sheets](#) present selected results related to the obesity epidemic among youth, by state and city.

[Overweight Youth, 2005 and 2003](#). These maps show the percentage of overweight high school students in selected U. S. states.

School Health Policies and Programs Study

SHPPS is a national survey periodically conducted to assess school health policies and programs at the state, district, school, and classroom levels, including those related to nutrition and physical activity.

- [Food and Beverages Sold Outside of the School Meal Programs](#) [pdf 210K]
- [Food Service](#) [pdf 200K]
- [Health Services](#) [pdf 230K]
- [Nutrition Services](#) [pdf 250K]
- [Physical Education and Activity](#) [pdf 240K]
- [Physical Education for Students with Disabilities](#) [pdf 180K]

Youth Risk Behavior Surveillance System

The YRBSS monitors behaviors that contribute markedly to the leading causes of death, disability, and social problems among young people and adults in the United States.

- [Dietary Behaviors and Weight Control Practices](#) [pdf 105K]
- [Physical Activity](#) [pdf 145K]
- [Overweight](#) [pdf 70K]
- [Dietary Behaviors](#) (in *Youth Online*)
- [Physical Activity](#) (in *Youth Online*)

Science-based Strategies

[Make a Difference at Your School: Key Strategies to Prevent Obesity](#) outlines 10 evidence-based strategies for schools to implement in addressing childhood overweight.

See [Nutrition: School Health Guidelines](#) for strategies most likely to be effective in promoting healthy eating among young people. Information includes the full text as published in the *MMWR* and more.

See [Physical Activity: School and Community Guidelines](#) for strategies most likely to be effective in

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See [Physical Activity: School and Community Guidelines](#) for strategies most likely to be effective in promoting physical activity among young people. Information includes the full text as published in the *MMWR*, a summary of the guidelines, and more.

[Making It Happen: School Nutrition Success Stories](#) contains 32 success stories of innovative K-12 schools across the United States that improved their school nutrition environments for foods and beverages sold and offered outside of federal meal programs. *Making It Happen* includes ideas on what to improve, how to do it, and partners in change. *Making It Happen* was jointly published with the Food and Nutrition Service, U.S. Department of Agriculture and supported by the U.S. Department of Education.



The [School Health Index](#) can help schools implement school health guidelines and related strategies. This self-assessment and planning tool enables schools to identify the strengths and weaknesses of health promotion policies and programs and assists schools in developing an action plan for improving the school environment.

[Physical Activity Brochures](#) are designed to help parents, teachers, and principals increase physical activity among elementary and middle school-aged youth.

[Registries of Programs Effective in Reducing Youth Risk Behaviors](#). Various federal agencies have identified youth-related programs that they consider worthy of recommendation based on expert opinion or a review of design and research evidence. These programs focus on different health topics,

Policy Guidance

[Local Wellness Policy Tools & Resources](#) provides links to tools and resources for schools to assist with the development of local wellness policies in accordance with the *June 2004 Child Nutrition and WIC Reauthorization Act (Sec 204)*.

National, State, and Local Programs

CDC's Division of Adolescent and School Health (DASH) supports the development and implementation of effective health promotion policies and programs that address priority health risks among youth. For information about the actions that state agencies can implement to address these health risks, see CDC's:

[Promising Practices in Chronic Disease Prevention and Control](#)

[pdf 2MB, [view abstract only](#)]

Ch.7: [Promoting Healthy Eating and Physical Activity for a Healthier Nation](#) [pdf 370K]

Ch.9: [Building a Healthier Future Through School Health Programs](#) [pdf 400K]

[Steps to a HealthierUS](#) is an initiative from the U.S. Department of Health and Human Services (HHS) that advances the *HealthierUS* goal of helping Americans live longer, better, and healthier lives. The Steps cooperative agreement program funds 40 communities nationwide to implement school and community programs to increase physical activity and healthy eating; reduce obesity, diabetes, and tobacco use; and better manage asthma.

References

1. Ogden CL, Carroll MD, Curtin LR, McDowell MA, Tabak CJ, Flegal KM. Prevalence of Overweight and Obesity in the United States, 1999-2004. *JAMA* 2006;295:1549-1555.
2. Freedman DS, Dietz WH, Srinivasan SR, Berenson GS. The relation of overweight to cardiovascular risk factors among children and adolescents: the Bogalusa Heart Study. *Journal of Pediatrics* 1999;103(6):1175-1182.
3. U.S. Surgeon General. [Overweight and Obesity: Health Consequences](#). Web site accessed June 30, 2005.

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* Links to non-Federal organizations are provided solely as a service to our users. Links do not constitute an endorsement of any organization by CDC or the Federal Government, and none should be inferred. The CDC is not responsible for the content of the individual organization Web pages found at this link.

MayoClinic.com

- One of three Web sites sponsored by Mayo Clinics. This site deals specifically with health information for the general public.
- Up-to-date information on more than 35 disease and lifestyle categories.
- URL : <http://www.mayoclinic.com/>

Teen weight loss: Safe steps to a healthy weight

Healthy habits are the key to teen weight loss. Show your teen the way with this practical plan for success.

Teenage obesity is a dangerous — and growing — problem. But what can you do about it? Plenty. Turn your concern about your teenager's weight into action.

There's no magic bullet for teen weight loss. The key to success is adopting healthy habits that can last a lifetime.

Start with a heart-to-heart

If your teen is overweight, he or she is probably concerned about the excess weight, too. Aside from lifelong health risks such as high blood pressure and diabetes, the social and emotional fallout of being overweight can be devastating for a teenager. Offer support and gentle understanding — and a willingness to help your teen take control of the problem.

You might say, "I can't change your weight. That's up to you. But I can help you make the right decisions."

Dispute unrealistic images

Weight and body image can be delicate issues — especially for teenage girls. When it comes to teen weight loss, remind your teen that there's no single ideal and no perfect body. The right weight for one person might not be the right weight for another.

Rather than talking about "fat" and "thin," encourage your teen to focus on practicing the behaviors that promote a healthy weight. Your family doctor can help set realistic goals for body mass index and weight based on your teen's age, height and general health.

Resist quick fixes

Help your teen understand that losing weight — and keeping it off — is a lifetime commitment. Fad diets may rob your growing teen of iron, calcium and other essential nutrients. Weight-loss pills and other quick fixes don't address the root of the problem. And the effects are often short-lived.

ARTICLE TOOLS

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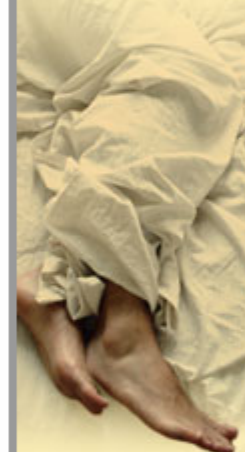
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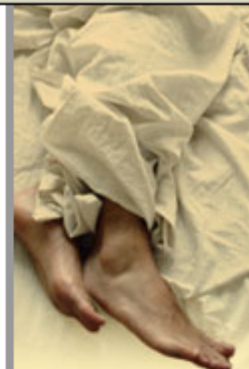
Promote activity

Like adults, teens need about 60 minutes of physical activity a day. But that doesn't mean 60 solid minutes at a stretch. Shorter, repeated bursts of activity during the day can help burn calories, too.

Team sports through school or community programs are great ways to get active. If your teen isn't an athlete or is hesitant to participate in certain sports, that's OK. Encourage him or her to walk, bike or in-line skate to school, or to walk a few laps through the halls before class. Suggest trading one hour of after-school channel surfing for shooting baskets in the driveway, jumping rope or walking the dog. Even household chores such as vacuuming and washing the car have aerobic benefits.

Eat breakfast

If your teen fights the alarm clock the way it is, getting up even earlier to eat breakfast may be a tough sell. But it's important. A nutritious breakfast will jump-start your teen's metabolism and give him or her energy to face the



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Snack wisely

It can be tough to make healthy choices when school halls are lined with vending machines, but it's possible. Encourage your teen to replace even one bag of chips a day with a healthier grab-and-go option from home:

- Frozen grapes
- Oranges, strawberries or other fresh fruit
- Sliced red, orange or yellow peppers
- Cherry tomatoes
- Baby carrots
- Low-fat yogurt or pudding
- Pretzels
- Graham crackers
- String cheese

Watch portion sizes

When it comes to portions, size matters. Encourage your teen to scale back and stop eating when he or she is full. It might take just one slice of pizza or half the pasta on the plate to feel full — and there's no shame in sharing a meal, ordering a smaller portion or taking home leftovers.

Count liquid calories

The average 12-ounce can of soda has 150 calories and 10 teaspoons of sugar. The calories and sugar in fruit juice, specialty coffees and other drinks can add up quickly as well. Drinking water instead of soda and other sugary drinks may spare your teen hundreds of calories and a day's worth of sugar — or even more. For variety, suggest flavored water, seltzer water or unsalted club soda.

Allow occasional treats

Late-night pizza with friends or nachos at the mall don't need to derail your teen's healthy-eating plan. Suggest a breadstick and marinara sauce instead of garlic bread dripping in butter and cheese, or a shared snack rather than a full-size order. Let your teen know that he or she is in control — and an occasional indulgence is OK. A trend toward healthier habits is what really matters.

Make it a family affair

Rather than singling out your teen, adopt healthier habits as a family. After all, eating healthier foods and getting more exercise is good for everybody.

- Encourage the entire family to eat more fruits, veggies and whole grains. Be sure to set a good example yourself.
- Leave junk food at the grocery store. Healthy foods sometimes cost more, but it's an important investment.
- Try new recipes or healthier alternatives to family favorites.



WEIGHT LOSS

Find more topics & tools in
Weight Loss Center

Dec 4, 2006

Childhood obesity: Make weight loss a family affair

Preventing and treating childhood obesity requires the entire family. Here's how you can encourage a healthy weight in your home.

Children can't change their exercise and eating habits by themselves. They need the help and support of their families and other caregivers. This is why successful prevention and treatment of childhood obesity starts at home.

Childhood obesity is usually caused by kids eating too much and exercising too little. So creating new family habits around healthy eating and increased physical activity can help a child lose weight and can also improve the health of other members of the family.

Change family behaviors

Many behaviors contribute to childhood obesity, whether it's the time spent in front of the TV or computer or the types and amounts of food eaten. These behaviors or habits are hard to change within a family, especially if members aren't ready, willing or able to make changes. Small, progressive steps can help. Keep in mind the following helpful hints.

- **It's not a race.** The first rule of change is to not make changes too quickly. It takes time and dedication to unlearn unhealthy behaviors and to develop new, healthy ones.
- **Think small.** Small, gradual changes are easiest to follow and incorporate into your daily lives. And small changes can make a big

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American Heart Association

- Large site devoted to cardiovascular health, prevention of heart and related diseases, and healthy lifestyle choices.
- Special sections devoted to teen obesity, including statistics on the rising teen obesity problem and a program of “heart healthy eating” recommendations.

URL : <http://www.americanheart.org/>



Main Menu

Children's Health

American Heart
Association/Clinton
Foundation Alliance

About the Alliance

Why It's Important

It's time to take preemptive measures against obesity to ensure that future generations won't struggle with illnesses associated with poor food choices and lack of physical activity. **Consider these facts:**



- Between 1977 and 1994, overall caloric consumption increased by about 9 percent in adolescent boys and about 7 percent in adolescent girls. (Source Enns CW, Mickle SJ, Goldman JD. Trends in food and nutrient intakes by adolescents in the United States. Fam Econ Nutr Rev 2003; 15[2] 15-27)
- Among high school students, only 23.6 percent of males and 20.3 percent of females eat five or more servings of fruits and vegetables per day. (YRBS – United States, 2003 MMWR 2004; 53 [SS-2])
- Obesity-associated annual hospital **costs for children more than tripled** between 1979 and 1999. (Source: Wang G, Dietz WH. Pediatrics 109(5): E81-E86)
- A national study reports that only 8 percent of elementary schools, 6.4 percent of middle/junior high schools, and 5.8 percent of senior high schools provide daily physical education or its equivalent (150 minutes per week for elementary schools, 225 minutes per week for middle/junior and senior high schools) for the entire school year for students in all grades in the school). (Results from the School Health Policies and Programs Study 2000. Journal of School Health 2001;71[7])
- Most obese children already have **at least one other major risk factor** for cardiovascular disease, such as high blood cholesterol, high triglycerides, high insulin or high blood pressure. These risk

DID YOU KNOW?

About 15 percent of American children and adolescents are overweight.

Register Now

We want to stay in touch with you as the movement continues. Register for our updates and stay informed. Join us to create a new generation of healthy Americans by addressing one of the nation's leading public health threats – childhood obesity.

[learn more...](#)



Statistical Sourcebook

The American Heart Association, in partnership with the Robert Wood Johnson

Why It's Important

senior high schools provide daily physical education or its equivalent (150 minutes per week for elementary schools, 225 minutes per week for middle/junior and senior high schools) for the entire school year for students in all grades in the school). (Results from the School Health Policies and Programs Study 2000. Journal of School Health 2001;71[7])

- Most obese children already have **at least one other major risk factor** for cardiovascular disease, such as high blood cholesterol, high triglycerides, high insulin or high blood pressure. These risk factors were previously found mainly in adults, not children. (Freedman DS, Dietz WH, Srinivasan SR, Berenson GS. The relation of overweight to cardiovascular risk factors among children and adolescents: the Bogalusa Heart Study. Pediatrics 1999;103:1175-82)
- Weight gain that leads to obesity increases the risk of **type 2 diabetes** in adolescence, a disease previously observed in middle-aged adults.
- There is significant social stigmatization and **poor self-image** associated with childhood and adolescent obesity. (Source <http://circ.ahajournals.org/cgi/content/full/94/12/3383>)

Much of good health depends on lifestyle. When children develop a healthy lifestyle, they reduce their risk for developing cardiovascular disease.



How can I help?

We need everyone who influences our children to [join us in this movement](#). Whether you touch children's lives in the home, schools, media or elsewhere, you can help kids develop heart-healthy habits and give them the power to live longer and healthier lives. Join us for the future health of our children. Get educated, get involved, and get started setting a good example.



Statistical Sourcebook

The American Heart Association, in partnership with the Robert Wood Johnson Foundation, released *A Nation at Risk: Obesity in the United States*, a statistical sourcebook of facts about obesity. It's a great resource for media, policymakers, health professionals, school officials and other stakeholders to use to begin meaningful dialogue toward concrete solutions to the obesity epidemic. It's available in PDF format for you to download.

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December 4, 2006

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Recommendations for Children and Adolescents: A Guide for Practitioners

Consensus Statement from the American Heart Association
Endorsed by the American Academy of Pediatrics

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Date: September 27, 2005

Summary: Parents can help children grow up heart-healthy and healthy in other ways, too, with good eating and exercise patterns that start at birth, said American Heart Association experts who released dietary recommendations for youngsters and teens. As children get older, their parents can ensure they maintain their health by balancing their daily diet with physical activity, said the AHA experts. A child's daily caloric intake should take into account his or her age, size and level of activity. Meals should mainly include whole grains, low-fat or nonfat dairy products, vegetables, fruits and lean meats. The AHA experts also recommended introducing fish into the diet early along with reductions in the intake of beverages high in sugar and highly salted foods.

Why it's important: Recent studies indicate that the percentage of overweight children aged 6 to 11 more than doubled in the past two decades — from 7 percent in 1980 to 16 percent in 1999–2002 and more than tripled among adolescents from 5 percent to 16 percent. It's an epidemic of obesity that threatens the health of future generations.

What's already known: Most of these overweight youngsters and teens have one or more risk factors related to heart disease from elevated cholesterol to high blood pressure. If a child or teen is overweight, he or she has an increased risk of becoming an overweight or obese adult at risk for heart disease, type 2 diabetes, stroke, several types of cancer and osteoarthritis.

The recommendations of this AHA task force can reduce the risk to individuals and the society as a whole and reverse the unhealthy patterns of eating and inactivity that have led to them.

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Nemours Foundation

- Founded by Alfred I. DuPont in 1936.
- Directly supports children's health through the support of several children's hospitals as well as clinical research.
- Provides educational programs to positively impact children's health: KidsHealth & TeenHeath sites.

URL : <http://kidshealth.org/teen/>

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The
lowdown
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The most important part of being a normal weight isn't looking a certain way - it's feeling good and staying healthy. Having too much body fat can be harmful to the body in many ways.

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The good news is that it's never too late to make changes in eating and exercise habits to control your weight, and those changes don't have to be as big as you might think. So if you or someone you know is obese or overweight, this article can give you information and tips for dealing with the problem by adopting a healthier lifestyle.

What Is Obesity?

Being obese and being overweight are not exactly the same thing. An obese person has a large amount of extra body fat, not just a few extra pounds. People who are obese are very overweight and at risk for serious health problems.

To determine if someone is

How big is a serving?

- 1 cup (225 grams) of fruit is the size of a baseball
- 1 ounce (28 grams) of snack foods (such as pretzels) equals a large handful

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To determine if someone is obese, doctors and other health care professionals often use a measurement called body mass index (BMI). First, a doctor measures a person's height and weight. Then the doctor uses these numbers to calculate another number, the BMI.

handful

- 3 ounces (85 grams) of meat is the size of a deck of cards.

Once the doctor has calculated a child's or teen's BMI, he or she will plot this number on a specific chart to see how it compares to other people of the same age and gender. A person with a BMI above the 95th percentile (meaning the BMI is greater than that of 95% of people of the same age and gender) is generally considered **overweight**. A person with a BMI between the 85th and 95th percentiles typically is considered at risk for overweight. **Obesity** is the term used for extreme overweight. There are some exceptions to this formula, though. For instance, someone who is very muscular (like a bodybuilder) may have a high BMI without being obese because the excess weight is from extra muscle, not fat.

What Causes Obesity?

People gain weight when the body takes in more calories than it burns off. Those extra calories are stored as fat. The amount of weight gain that leads to obesity doesn't happen in a few weeks or months. Because being obese is more than just being a few pounds overweight, people who are obese have usually been getting more calories than they need for years.

Genes - small parts of the DNA that people inherit from their parents and that determine traits like hair or eye color - can play an important role in this weight gain. Some of your genes tell your body how to metabolize food and how to use extra calories or stored fat. Some people burn calories faster or slower than others do because of their genes.

Obesity can run in families, but just how much is due to genes is hard to determine. Many families eat the same foods, have the same habits (like snacking in front of the TV), and tend to think alike when it comes to weight issues (like urging children to eat a lot at dinner so they can grow "big and strong"). All of these

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Symptoms of Depression Linked to Obesity in Teens

Teens who are **obese** face a lot of physical difficulties, but Swedish researchers report that many obese teens struggle with painful emotional issues, too.

Researchers from Uppsala University in Sweden surveyed 4,703 15- and 17-year-old teens about their height, weight, and symptoms of depression. Teens were also asked to report on their "shame experiences" - whether they'd ever been treated or talked about in a degrading manner, made fun of in front of others, questioned about their sense of honor, or ignored as if they didn't exist. The teens also noted whether their parents were separated or living together, whether their parents worked or were unemployed, and whether their families had computers, boats, country homes, or other measures of wealth.

Overall, more boys than girls were overweight or obese, but more girls showed signs of depression. In addition, teens whose parents were separated or who had unemployed parents were more likely to report symptoms of depression.

The results showed that having a high **body mass index** was linked to symptoms of depression. Obese teens were more likely to report being depressed, compared to overweight teens or teens at a healthy weight. In addition, obese teens were more likely to have been ridiculed or degraded by others, compared to overweight or normal-weight teens.

What This Means to You: Helping obese or overweight teens doesn't just involve improving diet and exercise. The results of this study indicate that many obese teens must cope with

American Obesity Association

- Organization working to change the public perception and policies concerning obesity.
- Worked with certain govt. agencies to view obesity as a disease. e.g. the IRS.
- Partner with other organizations in obesity education, research, and prevention strategies.

URL : <http://www.obesity.org/>

Finally A Cure for Obesity!

American Obesity Association

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Childhood Obesity

► Prevalence and Identification

About 15.5 percent of adolescents (ages 12 to 19) and 15.3 percent of children (ages 6 to 11) are obese. The increase in obesity among American youth over the past two decades is dramatic, as shown in the tables below.

Table 1. Prevalence of Obese Children (Ages 6 to 11) at the 95 th percentile of Body Mass Index (BMI)	
1999 to 2000	15.3%
1988 to 1994	11%
1976 to 1980	7%

Table 2. Prevalence of Obese Adolescents (Ages 12 to 19) at the 95 th percentile of Body Mass Index (BMI)	
1999 to 2000	15.5%
1988 to 1994	11%
1976 to 1980	5%

A measurement called percentile of Body Mass Index (BMI) is used to identify overweight and obesity in children and adolescents. The Centers for Disease Control (CDC), the supplier of national growth charts and prevalence data, avoids using the word "obesity" for children and adolescents. Instead, they suggest two levels of overweight: 1) the 85th percentile, an "at risk" level, and 2) the 95th percentile, the more severe level.

The American Obesity Association uses the 85th percentile of BMI as

Healthy Weight for Children Tops AOA's Goals to Build a Healthy Tomorrow

The AOA's focus on childhood obesity has involved lobbying Congress to provide more funding for prevention programs, collecting research for further understanding, and convening experts at our conference to explore questions and seek answers.

Lobbying Congress

The AOA has lobbied Congress to pass the Frist Senate Bill (S. 2686) and secure funds for a Childhood Obesity Prevention Grant, and a bill to regulate the sale of non-nutritional foods in schools, introduced by Senators Leahy, Jeffords, Feingold, Bingaman and Wellstone.

AOA Survey on Parental Perceptions about their Children's Weight

The majority of parents in the U.S. (78 percent) believe that physical education or recess should not be reduced or replaced with academic classes.

American Obesity Association

AOA Fact Sheets

Obesity in Youth

Diabetes, hypertension and other obesity-related chronic diseases that are prevalent among adults have now become more common in youngsters. The percentage of children and adolescents who are overweight and obese is now higher than ever before. Poor dietary habits and inactivity are reported to contribute to the increase of obesity in youth.

Today's youth are considered the most inactive generation in history caused in part by reductions in school physical education programs and unavailable or unsafe community recreational facilities.

This fact sheet outlines many factors related to obesity in youth that make it the major health care challenge for the 21st century.

Overweight and Obesity Defined

- Overweight and obesity for children and adolescents are defined respectively in this fact sheet as being at or above the 85th and 95th percentile of Body Mass Index (BMI).
- Some researchers refer to the 95th percentile as overweight and other as obesity. The Centers for Disease Control and Prevention (CDC), which provides national statistical data for weight status of American youth, avoids using the word "obesity," and identifies every child and adolescent above the 85th percentile as "overweight."
- The AOA uses the 95th percentile as criteria for obesity because it:
 - corresponds to a BMI of 30 which is obesity in adults. The 85th percentile corresponds to a BMI of 25, adult overweight.
 - is recommended as a marker for when children and adolescents should have an in-depth medical assessment.
 - identifies children that are very likely to have obesity persist into adulthood.
 - is associated with elevated blood pressure and lipids in older adolescents, and

- The AOA uses the 95th percentile as criteria for obesity because it:
 - corresponds to a BMI of 30 which is obesity in adults. The 85th percentile corresponds to a BMI of 25, adult overweight.
 - is recommended as a marker for when children and adolescents should have an in-depth medical assessment.
 - identifies children that are very likely to have obesity persist into adulthood.
 - is associated with elevated blood pressure and lipids in older adolescents, and increases their risk of diseases.
 - is a criteria for more aggressive treatment.
 - is a criteria in clinical trials of childhood obesity treatments.

Prevalence and Trends

- Approximately 30.3 percent of children (ages 6 to 11) are overweight and 15.3 percent are obese. For adolescents (ages 12 to 19), 30.4 percent are overweight and 15.5 percent are obese.
- Excess weight in childhood and adolescence has been found to predict overweight in adults. Overweight children, aged 10 to 14, with at least one overweight or obese parent (BMI \geq 27.3 for women and \geq 27.8 for men in one study), were reported to have a 79 percent likelihood of overweight persisting into adulthood.

Gender

- Overweight prevalence is higher in boys (32.7 percent) than girls (27.8 percent). In adolescents, overweight prevalence is about the same for females (30.2 percent) and males (30.5 percent).
- The prevalence of obesity quadrupled over 25 years among boys and girls, as shown in Table 1.

Table 1

Increase in Obesity Prevalence (%) Among U.S. Children (Ages 6 to 11)		
	Boys	Girls
1999 to 2000	16	14.5
1988 to 1994	11.6	11
1971 to 1974	4.3	3.6
Source: CDC, National Center for Health Statistics, National Health and Nutrition Examination Survey. Ogden et. al. JAMA. 2002;288:1728-1732.		

- Obesity prevalence more than doubled over 25 years among adolescent males and females, as shown in Table 2.

Table 2

Increase in Obesity Prevalence (%) Among U.S. Adolescents (Ages 12 to 19)		
	Males	Females
1999 to 2000	15.5	15.5
1988 to 1994	11.3	9.7
1971 to 1974	6.1	6.2
Source: CDC, National Center for Health Statistics, National Health and Nutrition Examination Survey. Ogden et. al. JAMA. 2002;288:1728-1732.		

Race

- African American, Hispanic American and Native American children and adolescents have particularly high obesity prevalence.
- Overweight (85th percentile) and obesity (95th percentile) prevalence for children and adolescents is presented by racial group in Table 3.

Table 3

Race	Children (Ages 6 to 11) Prevalence (%)		Adolescents (Ages 12 to 19) Prevalence (%)	
	Overweight	Obesity	Overweight	Obesity
Black (Non-Hispanic)	35.9	19.5	40.4	23.6
Mexican American	39.3	23.7	43.8	23.4
White (Non-Hispanic)	26.2	11.8	26.5	12.7
Source: CDC, National Center for Health Statistics, National Health and Nutrition Examination Survey. Ogden et. al. JAMA. 2002;288:1728-1732.				

National Center for Health Statistics

- Rich source of statistical data about the health status of the U.S. population and of important subgroups
- identifies disparities in health status and use of health care by race/ethnicity, socio-economic status, region, and other population characteristics
- evaluates the impact of health policies and programs

URL: <http://www.cdc.gov/nchs/>

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(Data are for U.S. for year indicated)

- Percent of noninstitutionalized adults age 20 years and over who are overweight or obese: 66.3
- Percent of noninstitutionalized adults age 20 years and over who are obese: 32

Source: [NHANES data on the Prevalence of Overweight and Obesity Among Adults-United States, 2003-2004](#)

- Percent of adolescents age 12-19 years who are overweight: 17
- Percent of children age 6-11 years who are overweight: 19

Source: [Prevalence of Overweight Among Children and](#)

■ Percent of children age 6-11 years who are overweight: 19

Source: [Prevalence of Overweight Among Children and Adolescents: United States, 2003-2004](#)

More data

- Overweight, obesity, and healthy weight among persons 20 years of age and over, by sex, age, race, and Hispanic origin, and poverty status: 1960-62 through 1999-2002 [Health, United States, 2005, table 73](#)
- Overweight children and adolescents by sex, age, race, and Hispanic origin, and poverty status: 1963-65 through 1999-2002 [Health, United States, 2005, table 74](#)

Related links

- [National Health and Nutrition Examination Survey](#)
[Health Data for All Ages](#)
- [National Center for Chronic Disease Prevention and Health Promotion: Overweight and Obesity](#)
- [National Heart, Lung and Blood Institute](#)

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Additional Internet information sites for Teen Obesity related issues

- Diabetes sites
- Nutrition & Exercise sites
- Eating Disorders sites



Time for

your questions